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To:	Examiner Edward J. WEBMAN
Group Art Unit:	1616
Fax No.:	571-273-8300
Phone No.:	571-272-0633
Application. No.:	10/696,370
Atty. Docket No.:	AR02164USACON1
From:	Lisa McDill for David Abraham
Pages:	17, including cover
Date:	December 21, 2005

Enclosed, please find:

1. Transmittal form (1 pg.);
2. Fee Transmittal (1 pg.);
3. Petition for Three (3) month Extension of Time (1 pg., in duplicate);
4. Amendment/Response to Office Action mailed by USPTO on 06/21/2005 (4 pp.); and
5. Copy of Decision on Appeal notice, as referenced in Amendment/Response (8 pp.).

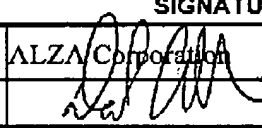
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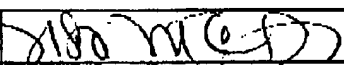
PTO/SB/21 (09-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/696,370	
	Filing Date	October 28, 2003	
	First Named Inventor	David E. Edgren, et al.	
	Art Unit	1616	
	Examiner Name	Edward J. WEBMAN	
Total Number of Pages in This Submission	16	Attorney Docket Number	AR02164USACON1

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	ALZA Corporation	
Signature		
Printed name	David Abraham	
Date	12/21/2005	Reg. No. 39,554

CERTIFICATE OF TRANSMISSION/MAILING		
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Signature		
Typed or printed name	Lisa McDill	Date 12/21/2005

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